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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *mcg*  
*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *mcg*  
*none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

*OKay*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	0	20	2
Verified and Acknowledged Examiner's Signature: <i>Robert C. Schisler</i>	Initials: <i>JG</i>				

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## TITLE

Airsleeve

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